



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 104812		2. Exact name of the Corporation STEELTEX CORP.												
3. Principal Office Address 1155 Westminster Street			City Providence	State RI	Zip 02909									
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Buying, selling, renting and leasing all kinds of real estate.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Lindsay W. Ahlborg			Vice-President Name Jean E. Ahlborg											
Street Address 1155 Westminster Street			Street Address 1155 Westminster Street											
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909									
Secretary Name Lindsay W. Ahlborg			Treasurer Name Lindsay Ahlborg											
Street Address 1155 Westminster Street			Street Address 1155 Westminster Street											
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Lindsay W. Ahlborg			Director Name Jean E. Ahlborg											
Street Address same as above			Street Address same as above											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
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200	Common	No Par Value												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.														
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.														
Name of Authorized Representative Lindsay W. Ahlborg, President				Date MAR 07 2019 2/26/19										
Signature of Authorized Representative <i>Lindsay W. Ahlborg</i>				BY <i>OS</i> SIGN DOCUMENT HERE										

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov